



July 26, 2016

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street  
Washington, D.C. 20554

**Re: WC Docket No. 14-58: Addendum to Form 481 of Sacred Wind Communications, Study Area Code 493403**

Dear Ms. Dortch:

Attached is a revised copy of page 4 of Form 481 for Sacred Wind Communications, Study Area Code 493403. Through an inadvertent error, Lines 300 and 320 on page 4 were originally filed incorrectly as blank. The correct entry should have been zero on both lines.

Respectfully submitted,

Curt Huttzell, Ph.D.  
Senior Regulatory Consultant

**(300) Unfulfilled Service Request  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	493403
<015>	Study Area Name	SACRED WIND
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Kristi Ingram
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kingrum@tcotel.com

&lt;300&gt; Unfulfilled service request (voice)

0

&lt;310&gt; Detail on attempts (voice)

Name of Attached Document

&lt;320&gt; Unfulfilled service request (broadband)

0

&lt;330&gt; Detail on attempts (broadband)

Name of Attached Document

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	493403
<015> Study Area Name	SACRED WIND
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Kristi Ingram
<035> Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kingrum@tcatel.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>TCA, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>TCA, Inc.</u>
Name of Reporting Carrier:	<u>SACRED WIND</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>07/26/2016</u>
Printed name of Authorized Officer:	<u>John Badal</u>
Title or position of Authorized Officer:	<u>CEO</u>
Telephone number of Authorized Officer:	<u>5059082670 ext.</u>
Study Area Code of Reporting Carrier:	<u>493403</u> Filing Due Date for this form: <u>07/01/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>SACRED WIND</u>
Name of Authorized Agent Firm:	<u>TCA, Inc.</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>07/26/2016</u>
Name of Authorized Agent Employee:	<u>Kristi Ingram</u>
Title or position of Authorized Agent or Employee of Agent	<u>Senior Financial Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>7192664334 ext.</u>
Study Area Code of Reporting Carrier:	<u>493403</u> Filing Due Date for this form: <u>07/01/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	